



VISN 22 MIRECC Aims to Improve Work Functioning in Severe Psychiatric Illness

by Shirley Glynn, Ph.D., Stacey Maruska, LCSW and Noosha Niv, Ph.D.

Finding and maintaining competitive employment is a cornerstone of the recovery of many persons with severe psychiatric illnesses. Participation in supported employment programs, in which vocational and mental health services are fully integrated in the mental health service setting, has been found to significantly increase the likelihood that persons with severe psychiatric illnesses can obtain and

retain jobs in the community. As part of its commitment to recovery-oriented care, the VA has embarked on a national effort to provide access to supported employment. While this effort is laudable, there have been concerns that veterans with serious psychiatric illnesses receiving care in VA may benefit less from participation in supported employment programs because of the VA disability compensation structure, the broad availability of alternative VA supported work programs such as compensated work therapy (CWT), and the long duration of illness of many veterans.

The VISN 22 MIRECC has taken the lead in researching the benefits of supported em-

ployment in veterans and assisting with implementation of such programs in the VISN. Two of these studies were conducted in collaboration with Robert Drake MD, Ph.D., and Deborah Becker, M.Ed. from the Dartmouth Psychiatric Institute who developed the most empirically-validated version of supported employment, Individual Placement and Support (IPS). The first of these projects was funded by NIMH (PI: Stephen Marder, MD) and evaluated the benefits of adding a clinic-based work support intervention (the Workplace Fundamentals Module developed by Robert Liberman, MD and Charles Wallace, Ph.D.) to enhance the benefits of supported employment in persons with

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schizophrenia. The second of these was funded by VA Rehabilitation and Research and Development Service (PI: Shirley M. Glynn, Ph.D.) and evaluated the benefits of adding motivational interviewing to improve benefits obtained by supported employment alone. Since both of these studies are in their data analysis phase, we do not know yet if these additions improved work outcomes from supported employment alone.

Cont'd on Page 5

In This Issue:

Letter from the Director	2
Family-to-Family Program Comes to VA	2
Errorless Learning and Work Rehabilitation	3
Mental Health Consumer Providers	3
Family Services Conference	4
SAMHSA Info. Kit	4
Recent MIRECC Publications, Grants and Awards	6

Upcoming Events

VISN 22 Local Recovery Coordinators Retreat:

~February 19, 2009

~Location: Long Beach, CA

~Contact: Stacey Maruska at 562-826-8000, ext. 5274 or Stacey.Maruska2@va.gov





Letter From The Director

Stephen R. Marder, MD

Improving Work Functioning

Many people are under the impression that individuals with schizophrenia and similar illnesses are not interested in working or that working may be a stressor that will worsen their illness. Both of these impressions are usually not true. Studies suggest that a majority of patients with schizophrenia express an interest in working if their benefits are not affected. Moreover, there is substantial evidence indicating that patients who are working do better in terms of both their symptoms and their quality of life. That is, patients with jobs tend to be more compliant with treatment, tend to have better control of their symptoms, and have improved social outcomes.

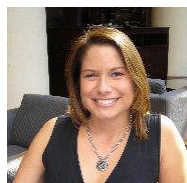
This issue of MindView describes important efforts within the MIRECC to enhance vocational outcomes. Studies of Supported Employment (SE) have reported that a substantial proportion of individuals with schizophrenia are able to secure a part time job. Even patients with co-occurring substance abuse who live in urban centers have a good chance of finding a competitive (that is, at least a minimum wage) job. Although many of these individuals have difficulty holding a job, employment specialists who are members of the mental health treatment team can help improve employment outcomes. The article by Dr. Shirley M. Glynn and her co-workers describes the SE model and the ongoing studies that continue in our Center.

Dr. Robert Kern describes another approach to improving work outcomes. Many patients with schizophrenia have impairments in cognitive functions such as memory, attention, and decision-making which interfere with their abilities to succeed in a work environment. Kern has adapted a strategy called errorless learning to schizophrenia. As described in his article, this method takes advantage of cognitive processes that are preserved in patients. Results from his ongoing studies suggest that this strategy is an effective method for helping patients learn complex tasks.

Patients with psychotic disorders will have different skills and different rehabilitation needs. Nevertheless, clinicians who treat patients with psychotic illnesses are finding that work can be among the most valuable approaches for enhancing the recovery process.

Family-to-Family Program Comes to VA

by Stacey E. Maruska, LCSW



The VA and the National Alliance for Mental Illness (NAMI) signed a Memorandum of Understanding

(MOU) in June 2008 in an effort to provide Family-to-Family classes at VAs across the country. This agreement calls for each state to designate a VA facility to partner with their local NAMI office to implement a Family-to-Family program over a 2-year period. The NAMI Family-to-Family program is a free, manualized, 12-week course for family

caregivers of individuals with mental illness and is taught by trained family member volunteers. Family caregivers receive information about mental illness, treatment, medications, and recovery. Additionally, they learn self-care and communication skills as well as problem-solving and advocacy strategies. The designated sites are required to assign a point of contact, provide the meeting space with adequate parking, reproduce class materials, and assist in marketing and recruitment of class participants.

This MOU will expand the availability of family caregiver support and educational opportunities at VA facilities and Vet Centers.



Contact your local recovery coordinator to find out what family support classes are available at your site.



Errorless Learning and Work Rehabilitation for Persons with Severe Mental Illness

by Robert S. Kern, Ph.D.



Severe mental illness is often accompanied by deficits in cognition which affect learning and memory systems. One of the challenges to rehabilitation efforts is to find teaching methods that address these cognitive limitations in facilitating skill acquisition. Our MIRECC group has conducted a number of studies testing the efficacy of a novel teaching approach called *errorless learning* for use with persons with schizophrenia. The rationale for this approach is that errorless learning is believed to primarily emphasize a memory system that is relatively intact in schizophrenia

(implicit memory) and de-emphasize processing within a separate memory system that is markedly impaired (explicit memory). One of the crucial roles of explicit memory is to allow errors to be eradicated. This memory system allows individuals to recall the commission of an error, retrieve previously learned “correct” solutions or signal the need to generate alternative ones, and thus avoid making the same error/mistake again. In the absence of such abilities, previously committed errors have a strong likelihood of being repeated again. Such difficulties are often noted in the clinical behavior of persons with schizophrenia and are well-documented in the neurocognitive literature. Implicit

memory, in contrast to explicit memory, is influenced primarily by habit strength. Stimuli present in establishing a given response will likely elicit the same response when presented later.

Learned behaviors that rely on the same or highly similar stimulus-response pairings and are performed or practiced with regularity fall under this domain (e.g., driving home from work).

Rehabilitation applications of errorless learning are based on carrying the desired response through a series of incremental changes in task demands with the aim of preventing errors from occurring.

Cont'd on Page 5

Mental Health Consumer Providers: A Guide for Clinical Staff

by Matthew Chinman, Ph.D., Alison Hamilton, Ph.D., Brittany Butler, B.A., Ed Knight, Ph.D., Shannon Murray and Alexander Young, MD, M.S.P.H.

Consumer providers (CPs) are individuals with serious mental illness who are trained to use their experiences to provide recovery-oriented services and support to others. There are several demonstrated benefits to employing CPs: They can serve as role models, voice and broker the needs of consumers, provide information and motivation, and mentor others (including potential CPs). CPs can have a variety of roles, including, among other things, assisting clients, providing support services (such as skills assistance and transportation), providing liaison services, dispelling possible stigma or bias toward clients, and augmenting overburdened mental health systems. Despite these roles

and benefits, there are also challenges to and misconceptions about employing CPs, such as staff concerns, organizational issues, and perceived barriers related to the abilities and competence of CPs. As mental health providers turn to CPs to augment current services, it is useful to review these issues through the lens of hiring and integrating CPs into provider teams. This guide is intended to be an easy-to-use reference for agencies that are seeking to strengthen or expand consumer involvement, employers who are considering hiring CPs, consumers who are interested in applying for CP positions, and advocates for CP involvement in mental health care. The informa-

tion and recommendations presented here are the result of interviews with relevant stakeholders at Lamp Community, a Los Angeles-based nonprofit serving the mental health needs of the homeless and formerly homeless; interviews with national experts; and a review of current literature on the subject.

The guide, which was supported by the UCLA/RAND NIMH Center for Research on Quality in Managed Care and the VA Desert Pacific MIRECC, can be downloaded at:

http://www.rand.org/pubs/technical_reports/TR584/



Family Services Conference

by Shirley Glynn, Ph.D.

In support of the national roll-out of the VA Uniform Mental Health Services Package, the VISN 22 MIRECC hosted a three day, family services conference in Long Beach in September, 2008.



The program was comprised of three components. The first involved advanced training in evidenced-based, family psychoeducational interventions that have been found to reduce relapse in serious psychi-

atric disorders. This workshop was the first step of a yearlong training program for 15 VA clinicians from throughout the country who applied and were accepted to be "master trainers" for family services in their VISNs. The second component consisted of instruction in the provision of the family consultation model, a brief, goal-directed, problem-solving intervention. This intervention has been mandated to be available to all veterans with serious psychiatric illness who receive mental health treatment in VA Medical Centers. The third component of the conference involved training on the Support and Family Education (SAFE) Program. SAFE was developed by Dr. Michelle Sherman at the Oklahoma VA and has been selected by the VA Office of Mental Health Services as one of two sponsored

methods to provide illness education to families of veterans receiving mental health services. Thirty-nine Local Recovery Coordinators from throughout the country were introduced to the SAFE program by Dr. Sherman and will serve as consultants on the provision of family services in their medical centers.

VISN 22 continues to support the expansion of VA family services for persons receiving mental health treatment in VA. Dr. Shirley Glynn consults on the provision of family psychoeducation and family consultation nationally under the auspices of the Office of Mental Health Services. This effort involves providing on-site training, as well as ongoing consultation, to VISNs throughout the country to improve recovery-oriented family support for persons receiving mental health services.

SAMHSA Offers Informational Kit on Assertive Community Treatment

The Substance Abuse and Mental Health Services Administration (SAMHSA) is offering a new Assertive Community Treatment Knowledge Informing Transformation (ACT KIT) packet. The ACT KIT offers information and guidance on providing comprehensive mental health treatment and support services to help individuals with serious mental illness stay out of the hospital and live successfully in the community. The information provided in the ACT KIT can help mental health providers develop community-based services that are better suited to the individual needs of clients.

The ACT KIT includes: materials to introduce the practice to a wide variety of stakeholders, including Spanish and English videos, brochures, and a PowerPoint presentation, a manual and accompanying video to train front-line staff, evaluation/quality assurance materials to ensure the practice works as planned, and a summary of the scientific evidence for the effectiveness of the practice.

Free versions of the ACT KIT are available online and in CD-ROM/DVD format. To access and download the online version of the KIT, go to <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/community/>, and to order the CD-ROM/DVD version, call 1-877-726-4727.





Cont'd from Page 1 **VISN 22 MIRECC Aims to Improve Work Functioning in Severe Psychiatric Illness**

However, we do know that over 47% of the previously unemployed participants with schizophrenia obtained a job in both studies.

This number is comparable to the overall work rate (51%) typically obtained in supported employment as reported in a meta-analysis by Twamley et al (2003), and is notable in that, unlike most other reports, our samples were comprised *entirely* of persons with schizophrenia and schizoaffective disorder. These results suggest that supported employment can be a useful component of the recovery plan of veterans with schizophrenia.

The MIRECC is also working on implementation of supported employment based on a collaborative care model for schizophrenia. One of the aims of the EQUIP-2 project (PI: Alexander Young, MD, MSHS) is to identify patients who are interested in work and to refer them to supported employment. EQUIP-2 has identified access as a barrier to implementing the supported employment portion of this

project at the Long Beach VA facility. A large number of veterans have self-identified as interested in work. However, there is currently only one supported employment specialist who maintains a full case load. Identifying access as a barrier has sparked conversation among researchers, clinicians and local leadership on ways to increase the availability of supported employment services to those who have expressed a desire to work. Possible solutions include hiring an additional supported employment specialist or training existing staff, such as peer providers, in the supported employment model. Through EQUIP-2 and similar projects, the MIRECC hopes to improve the implementation process of evidence-based practices within the VA.

Lastly, Noosha Niv, Ph.D. and Shirley Glynn, Ph.D. are working on developing and validating the Motivators and Barriers to Employment Questionnaire. An important component to successful work functioning is sustained motivation to obtain and maintain a job. To date, there

are no questionnaires available to measure what motivates an individual to pursue employment or to measure individuals' perceived obstacles to work. Such a questionnaire may be helpful in identifying those who would benefit most from supported employment services, and identification of work motivators and obstacles will be valuable to job specialists working with patients with psychiatric disorders and might aid in improving employment rates.

The VISN 22 MIRECC continues to expand on this work by providing training and ongoing technical consultation to mental programs throughout Southern California who are implementing supported employment at their treatment centers.



Cont'd from Page 3 **Errorless Learning and Work Rehabilitation for Persons with Severe Mental Illness**

New learning is guided by the execution and mastery of training exercises arranged hierarchically in difficulty. Specific training procedures incorporate principles of behavioral learning such as shaping and utilize a variety of instructional tools (e.g., modeling, self-instruction, response prompting) to prevent the commission of errors at each training phase. Stimulus-response pairings established during training are automated through repetitive practice. This method stands in contrast to the type of training individuals receive in most work or school settings that rely on

the conscious, effortful processing of new information and the integrity of explicit memory abilities.

In September 2008, we received NIMH funding to extend previous efforts and conduct a five-year study to examine the effects of errorless learning on work outcomes in persons with schizophrenia employed at competitive jobs in the community. Training procedures are now manualized and will be implemented by employment specialists at a community mental health center offering supported employment. After job placement, study participants will be random-

ized to errorless learning vs. conventional instruction for training on two work skill areas identified as requiring improvement based on an initial interview with their respective work supervisor. Study participants will be followed for up to one year to assess training effects on work quality, overall work performance (including communication with co-workers and supervisors, adherence to work rules and regulations, personal presentation), job tenure, as well as secondary measures of job satisfaction, work stress, and self-esteem.



Recent MIRECC Publications

- Barch, D.M., Carter, C.S., Arnsten, A., Buchanan, R.W., Cohen, J.D., Geyer, M., Green, M.F., Krystal, J.H., Nuechterlein, K., Robbins, T., Silverstein, S., Smith, E.E., Strauss, M., Wykes, T., Heinssen, R. (2009). **Selecting paradigms from cognitive neuroscience for translation into use in clinical trials: Proceedings of the third CNTRICS meeting.** *Schizophrenia Bulletin*, 35, 109-114.
- Brown, A.H., Cohen, A.N., Chinman, M.J., Kessler, C., & Young, A.S. (2008). **EQUIP: Implementing chronic care principles and applying formative evaluation methods to improve care for schizophrenia: QUERI Series.** *Implementation Science*, 3, 9.
- Geyer, M.A. (2008). **Developing translational animal models for symptoms of schizophrenia or bipolar mania.** *Neurotoxicity Research*, 14, 71-78.
- Geyer, M.A. & Vollenweider, F.X. (2008) **Serotonin research: Contributions to understanding psychoses.** *Trends in Pharmacological Sciences*, 29, 445-453.
- Green, M.F., Butler, P.D., Chen, Y., Geyer, M.A., Silverstein, S., Wynn, J.K., Yoon, J.H., & Zemon, V. (2009). **Perception measurement in clinical trials of schizophrenia: Promising paradigms from CNTRICS.** *Schizophrenia Bulletin*, 35, 163-181.
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- Halberstadt, A.L., Buell, M.R., Masten, V.L., Risbrough, V.B., & Geyer, M.A (2008). **Modification of the effects of 5-methoxy-N,N-dimethyltryptamine on exploratory behavior in rats by monoamine oxidase inhibitors.** *Psychopharmacology*, 201, 55-66.
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- Horan, W.P., Blanchard, J.J., Clark, L.A., & Green, M.F. (2008). **Affective traits in schizophrenia and schizotypy.** *Schizophrenia Bulletin*, 34, 856-874.
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- Lee, J., Nuechterlein, K.H., Subotnik, K., Sugar, C., Ventura, J., Grechen-Doorly, D., Kelly, K., & Green, M.F. (2008). **Stability of visual masking performance in recent-onset schizophrenia: A 18-month follow up.** *Schizophrenia Research*, 103, 266-274.
- Markou, M., Chiamulera, C., Geyer, M.A., Tricklebank, M., & Steckler, T. (2009). **Removing obstacles in neuroscience drug discovery: The future path for animal models.** *Neuropsychopharmacology Reviews*, 34, 74-89.
- Powell, S.B., Young, J.W., Ong, J.C., Caron, M.G., & Geyer, M.A. (2008). **The atypical antipsychotics clozapine and quetiapine attenuate prepulse inhibition deficits in dopamine transporter knockout mice.** *Behavioural Pharmacology*, 19, 562-565.
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New Grants

“Collaboration to Advance Negative Symptom Assessment in Schizophrenia”

Principal Investigator: Bill Horan, Ph.D.

Funded by the National Institute of Mental Health

“Informatics Tools to Support Uptake of the Illness Management and Recovery Program: IMR-Web”

Principal Investigator of RAND Subcontract: Alexander Young, MD, M.S.P.H.

Funded by the National Institute of Mental Health

Awards

Congratulations to Dr. Bill Horan for receiving the Junior Investigator Award from Schizophrenia Research for his paper entitled “Social Cognitive Skills Training in Schizophrenia: An Initial Efficacy Study of Stabilized Outpatients.”

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Mental Illness Research, Education and Clinical Center

VA Desert Pacific Healthcare Network

Long Beach VA Healthcare System
Education and Dissemination Unit 06/116A
5901 E. 7th Street
Long Beach, CA 90822

Director

Stephen R. Marder, MD

Director, Education and Dissemination Unit

Christopher Reist, MD

MindView Editor

Associate Director, Education and Dissemination Unit

Noosha Niv, Ph.D.

Contributors

Matt Chinman, Ph.D.

Shirley Glynn, Ph.D.

Robert Kern, Ph.D.

Stacey Maruska, LCSW

MindView Questions or Comments

Contact Noosha Niv at noosha.niv@va.gov

VISIT US ON THE INTERNET AT:

www.desertpacific.mirecc.va.gov

